



12/04/00

ATTORNEY DOCKET NO.: P- 8573

PATENT

Total Pages _____

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: MARC HENDRIKS
 TITLE: MEDICAL DEVICE AND METHOD OF USE

jc923 U.S. PTO
 09/12/00

Assistant Commissioner for Patents
BOX PATENT APPLICATION
 Commissioner of Patents and Trademarks
 Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

Patent Application Transmittal

Specification:
 Total pages: 45 (including claims and abstract): Spec. 36 sheets; Claims 7 sheets; Abstract - 1 sheet.

Drawings:

Total sheets: _____
 formal informal

Combined Declaration and Power of Attorney:

newly executed
 copy from prior application
 Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
 Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

Accompanying application parts:

Notification of filing a
 Assignment of the Invention to Medtronic, Inc.
 Assignment cover sheet of prior application
 Information Disclosure Statement
 PTO Form 1449
 Copies of IDS citations
 Preliminary Amendment
 A copy of the Petition or Conditional Petition for Extension of Time in the prior application.
 Return Postcard

IF A CONTINUING APPLICATION:

Continuation Divisional Continuation-in-part (CIP)
 of prior application No. _____.

Amend the specification by inserting before the first line the sentence: This application is a X continuation
 division continuation in part of application number _____, filed _____.

Cancel in this application original claims _____ of the prior application before calculating the filing fee.
 (At least the original independent claim must be retained for filing purposes.)

The prior application is assigned of record to Medtronic, Inc.

The Power of Attorney in the prior application is to: Medtronic, Inc.

This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.

Address all future correspondence to: Thomas F. Woods, Reg. No 36,726
Medtronic, Inc., MS 301
7000 Central Avenue NE
Minneapolis, Minnesota 55432
Telephone: (763) 514-3652
+31 43 356 6845

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	54	20	= 34	x 18	\$ 612
Independent Claims	08	03	= 05	x 80	\$ 400
Multiple Dependent Claims				+ 260	
Basic Filing Fee					\$ 710
				TOTAL	\$ 1722

Charge Deposit Account No. 13-2546 the sum of \$ 710.00 (Filing Fee) and \$ 1012.00 (extra claims) for a total of \$ 1722.00.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Date

12-1-00

Thomas F. Woods

Thomas F. Woods, Reg. No. 36,726
MEDTRONIC, INC.
7000 Central Avenue N.E.
Minneapolis, Minnesota 55432
Telephone: (763) 514-3652
+31 43 356 6845